

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.: S-100,612	
		First Inventor or Application Identifier: Betty S. Jorgensen et al.	
		Title: CROSS-LINKED POLYBENZIMIDAZOLE MEMBRANE FOR GAS SEPARATION	
		Express Mail Label No.: ET461826515US	
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages: 18] <input checked="" type="checkbox"/> Descriptive title of the Invention <input type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets: 4] <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal 5. <input checked="" type="checkbox"/> Declaration & Power of Attorney [Total Pages: 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 63(d)) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies): or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documentation) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i) 15. <input type="checkbox"/> Other:			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. ____/____. Prior application information: Examiner: Group/Art Unit:			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
16. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below			
(Insert Customer No. or Attach Bar Code Label here)			
Name: Samuel L. Borkowsky Address: Los Alamos National Laboratory LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code 87545 Country: United States Telephone: (505) 665-3111 Fax: (505) 665-4424			
Name (Print/Type): Samuel L. Borkowsky		Registration No. (Attorney/Agent): 42,346	
Signature: <i>Samuel L. Borkowsky</i>		Date: June 26, 2003	

 00746 U.S. PTO
 10/607589

06/26/03

FEE TRANSMITTAL

For FY 2003

*Patent fees are subject to annual revision
(submit an original and a duplicate for fee processing)*

Complete if Known

Application Number:	
Filing Date:	
First Named Inventor:	Betty S. Jorgensen et al.
Examiner Name:	
Group/Art Unit:	
Attorney Docket No.:	S-100,612

METHOD OF PAYMENT

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:
 Deposit Account Number: **12-2150**
 Deposit Account Name: Los Alamos National Laboratory
☒ Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17
☒ Applicant claims small entity status. See 37 CFR 1.27

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
\$750	\$375	Utility filing fee	
\$750	\$375	Reissue filing fee	
\$160	\$80	Provisional filing fee	

SUBTOTAL (1) \$375.00

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent Claims	Extra Claims	Fee from Fee Below	Fee Paid
21	-20** =	1 X	\$ 9 =	\$ 9	
4	-3** =	1 X	\$42 =	\$42	
					=

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee	Small Entity Fee	Fee Description
\$18	\$9	Claims in excess of 20
\$84	\$42	Independent claims in excess of 3
\$280	\$140	Multiple dependent claim, if not paid.
\$84	\$42	** Reissue independent claims over original patent
\$18	\$9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$51

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
\$130	\$65	Surcharge – late filing fee or oath	
\$50	\$25	Surcharge – late provisional filing fee or cover sheet	
\$2,520	\$2,520	For filing a request for reexamination	
\$110	\$55	Extension for reply within first month	
\$410	\$205	Extension for reply within second month	
\$930	\$465	Extension for reply within third month	
\$1,450	\$725	Extension for reply within fourth month	
\$1,970	\$985	Extension for reply within fifth month	
\$320	\$160	Notice of Appeal	
\$320	\$160	Filing a brief in support of an appeal	
\$280	\$140	Request for oral hearing	
\$110	\$55	Petition to revive – unavoidable	
\$110	\$55	Terminal Disclaimer	
\$1,300	\$650	Petition to revive – unintentional	
\$130	\$130	Petitions to the Commissioner	
\$ 50	\$50	Petitions related to provisional applications	
\$ 180	\$180	Submission of Information Disclosure Statement	
\$750	\$375	Filing a submission after final rejection (37 CFR 1.129 (a))	
\$750	\$375	For each additional invention to be examined (37 CFR 1.129(b))	
\$100	\$100	Certificate of Correction	
\$300	\$300	Publication fee for early, voluntary, or normal publication	
\$750	\$375	Request for Continued Examination (RCE)	

Other fee (specify) _____

SUBTOTAL (3) \$-0-

Reduced by Basic Filing Fee Paid

SUBTOTAL FROM 1 \$375

SUBTOTAL FROM 2 \$ 51

SUBTOTAL FROM 3 \$-0-

TOTAL AMOUNT OF PAYMENT \$426

SUBMITTED BY

Complete (if applicable)

Printed Name: Samuel L. Borkowsky

Reg. No. 42,346

Signature: *Samuel L. Borkowsky*

Date: June 26, 2003

Telephone (505) 665-3111